



DEPARTMENT OF THE NAVY
NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER
6490 SAUFLEY FIELD ROAD
PENSACOLA, FLORIDA 32509-5237

IN REPLY REFER TO:

NETPDTCINST 12410.3
N832

26 JAN 2000

NETPDTC INSTRUCTION 12410.3

Subj: WORK FORCE DEVELOPMENT AND TRAINING

Ref: (a) CPI 410
(b) CPI 412
(c) DODINST 5000.58, "Defense Acquisition Work Force"
(d) OPNAV 1500.56A, "Military Training"
(e) NETPDTCINST 7400.1 of 31 Aug 99
(f) UNSECDEF (P&R) memo of 25 Sept 98
(g) Commander Naval Supply Systems Command 4226.1 Ser
21C4/9066 SA 99-17 letter of 23 Feb 99

Encl: (1) Civilian Leadership Development Competencies
(2) Individual Development Plan
(3) Individual Leadership Development Plan (CLD)
(4) Statement of Understanding
(5) Request for Training, DD Form 1556-1 and Completion
Instructions
(6) Tuition-Free Training Request
(7) Training Source Determination
(8) Sole Source Justification
(9) Class Roster

1. Purpose. To establish policies, responsibilities, and procedures for identifying, requesting, conducting, and evaluating the developmental and training requirements of civilian and military employees through government and non-government sources; and for meeting those needs in compliance with references (a) through (d). The procedures contained in this instruction apply to all Naval Education and Training Professional Development and Technology Center (NETPDTC) activities.

2. Cancellation. NETPMSAINST 12410.3

3. Revision. Since this is a major revision, marginal rotations are not annotated. This instruction should be read in its entirety.

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4. Policy. Career development and training of employees are essential to developing and maintaining a competent and effective work force capable of carrying out the mission of the activity. It is the policy of the Department of the Navy and NETPDTC to plan and provide for the career development and training of civilian and military employees for the accomplishment of the Navy's mission.

5. Objectives. The objectives for work force development are:

a. To provide employees with the basic skills and knowledge to perform their jobs.

b. To achieve and maintain a high level of employee performance.

c. To improve the operating efficiency of the command.

d. To encourage, motivate, and assist employees in self-development efforts, and foster a sense of individual responsibility and participation.

e. To develop individual competencies to meet present and future mission requirements.

6. Scope. This program encompasses the total area of civilian and military employee development as outlined in references (a) through (d).

7. Responsibilities

a. Commanding Officer. Ensures the command has a well-trained work force able to meet the challenges of present and future missions.

b. Department Directors/Special Assistants

(1) Maintain an efficient and effective work force capable of carrying out the assigned mission.

(2) Identify professional and technical competencies associated with their work units.

(3) Approve and disapprove all employee development.

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c. Managers/Supervisors

(1) Prepare Position Development Plans (PDPs) for each position in their work units, using civilian leadership competency requirements outlined in enclosure (1), and technical competency requirements, developed with Department Directors/Special Assistants.

(2) Identify employee job skill performance shortfall(s) in the present job and future mission requirements, and develop an Individual Development Plan (IDP) or Individual Leadership Development Plan (ILDP used for CLD Program) to eliminate these shortfalls. The IDP or ILDP should be completed annually or more frequently as required. Enclosures (2) and (3) provide blank and sample IDP and ILDP forms.

(3) Encourage employees to broaden their career opportunities through self-development activities.

(4) Provide on-the-job training and instruction for employees as assigned or required.

(5) Monitor and provide an accurate and timely assessment of the development and training progress of employees.

(6) Coordinate with the NETPDTC Work Force Development and Management Office (N832) in planning, organizing, conducting, and/or evaluating training programs.

d. NETPDTC Work Force Development and Management Office (N832)

(1) Provide assistance and guidance in planning, organizing, conducting, and evaluating employee development and training plans/programs.

(2) Identify, consolidate, obtain, and evaluate development and training needs for command professional competency requirements (and technical competencies as required).
NETPDTCINST 12410.3

(3) Ensure that development and training activities meet regulatory requirements.

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(4) Work with the command military training officer and other cognizant mandatory training personnel to identify command training requirements.

(5) Establish and publish a Command Training Plan, identifying scheduled mandatory and professional development training.

(6) Maintain liaison with local, state, and federal agencies regarding employee career development.

(7) Maintain database of employee training and provide statistical data for command evaluation.

(8) Prepare and provide training source analyses for technical competencies.

(9) Provide record of completed training to proper authority.

(10) Process and certify all Requests for Training (DD Form 1556-1).

(11) Certify training invoices for payment for all NETPDTC personnel.

e. Employees

(1) Communicate career development and training needs to management as soon as need is identified and during their annual development review process.

(2) Actively participate in meeting identified development and training needs.

(3) Seek self-development opportunities and provide information to management as requested.

(4) Apply the skills, knowledge, and abilities acquired through development and training activities to their work situation.

(5) Share newly acquired skills, knowledge, and abilities with both working team members and the NETPDTC team as a whole.

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(6) Consult with the Work Force Development and Management Office (N832) when assistance is needed.

8. General Requirements.

a. Development/training on government time or after hours will be allowed when the training contributes to the performance of the employee in his/her current position, current and future command mission requirements, or the requirements for such training has been directed by management.

b. Development/training may be through the formal classroom, meetings, seminars, on-the-job, distance learning, etc. Development/training needs should be identified in the annual IDP; however, emerging requirements will be addressed as needed.

c. The processes for selecting employees to receive training will be structured so as to ensure every employee is given fair and equitable consideration without regard to age, race, sex, color, religion, national origin, handicap, or any other factor related to the need for training.

d. Development/training of personnel will be governed by priority requirements, as listed below:

(1) Priority 1: Essential to one or more of the following elements:

- (a) Mission accomplishment
- (b) Eliminating job skills performance shortfalls
- (c) Legal, regulatory, higher authority, or command directed

(2) Priority 2: Part of a training agreement for career progression; i.e., career ladder, upward mobility.

(3) Priority 3: Supporting overall present or future NETPDTC mission requirements.

e. Professional Development at Colleges and Universities.

(1) Professional development education and training via college courses should be scheduled after command core hours insofar as possible.

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(2) If the course is not available after hours, the employee should request N832 research if other training sources are available.

(3) If no other source is available, the employee may request accommodation, documenting the reason, to take advantage of the command's credit hours policy, gliding schedule, and liberal leave policy covered in reference (e). The request will be submitted via the chain of command to the Department Director or Special Assistant for review.

(4) Only under unusual circumstances will college or university attendance be permitted for the convenience of the employee when such education is available outside of command core hours. The request will be submitted via the chain of command to the Department Director or Special Assistant for review. If the Department Director or Special Assistant recommends approval, the request is forwarded to the Executive Officer for review and approval/disapproval.

(5) If this college course is Priority 1 and management directed, attendance and travel time will be treated as regular Duty Off Station (DOS).

f. Tuition Assistance

(1) The employee should have an approved Request for Training, DD1556-1, prior to registering for a college course. In addition, the employee must sign a "Statement of Understanding", enclosure (4) regarding prepayment. The training must be mission related to qualify for payment. Up to 100% of tuition, books, and lab fees are payable, if the employee receives a "C" or better final grade.

(2) Colleges or universities that will accept a DD1556-1 in lieu of payment will be paid via government credit card upon submission of an invoice to N832. If a college or university will not accept the government credit card for payment or the DD1556-1, the employee may be required to submit payment at registration and request reimbursement from the government.

(3) Upon completion of the course, the employee must submit copies of official grade notification, along with copies of receipts if prepaid, to N832.

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9. General Prohibitions

a. An employee will not receive development/training when one or more of the following conditions exist:

(1) Using a non-government source if development/training is available within the government (at a lesser cost) when needed.

(2) Provides an unfair advantage for promotion; however, can be provided to individual already selected for a promotion to a position requiring specialized development/training.

(3) Provides a civilian employee with an opportunity to qualify for a position with degree requirements except as noted in reference (c).

(4) Solely provides a civilian employee with an opportunity to obtain a degree; however, a degree may be a "by-product" of development/training. This does not apply to the military Tuition Assistance/Navy College Program.

(5) When a substantial part of a non-government source's activities are devoted to propaganda or political campaign activities.

(6) When a facility discriminates because of race, religion, color, sex, or national origin.

(7) When not approved by the command.

b. A civilian employee may not receive development/training through non-government sources lasting in excess of one year, during any 10-year period of civilian service in the government except as noted in reference (a).

10. Procedures. Development or training needs begins with the identification of professional and technical competencies required for maximum effectiveness in a position; then reviewing the employee's competency levels; and, identifying the competency differences ("gap") between them.

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a. Development/training needs will be based on:

(1) Competency differences between the employee in the position against those identified for the position.

(2) Skills, knowledge, and abilities under development as part of an individual and/or formal career progression program leading to a specified target position; i.e., upward mobility, worker trainees, upgrade training, career-ladder positions, supervisory development, etc.

(3) New competency requirements in the present position brought about by changes in organization, mission, technology, or equipment, or operational problems associated with performance shortfalls; i.e., certification, new equipment, refresher training, etc.

(4) Development/training requirements required by regulation; i.e., orientation, TQL, safety, EEO, etc.

b. Supervisors and/or Team Leaders will develop a Individual Development Plan or Individual Leadership Development Plan (CLD participants) for each employee. IDPs will be developed at the end of the performance rating cycle (30 Apr) and submitted to N832 no later than 30 May of each year. Mid-year reviews of the IDPs will be conducted in October and any revisions should be submitted to N832 by 30 October.

(1) The IDP/ILDP will contain identified employee job/leadership skills performance shortfall(s) in the present job and future mission requirements.

(2) The IDP/ILDP may also include a plan for rotating the employee to a position that will provide an opportunity for on-the-job training at the same grade and in the trade or series to which assigned. In addition, self-development activities for the achievement of career goals may be addressed.

(3) Supervisors are responsible to ensure developmental activities and training are scheduled and accomplished. They also review and update the IDP/ILDP when required or at least annually, and advise the employee of progress toward career goals.

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c. Information regarding employee development and training needs should be documented and forwarded through the chain-of-command for review, approval, and consolidation. The consolidated development and training needs (not the individual plans) are forwarded to N832, where the NETPDTC Command Training Plan will be formulated for approval by the Commanding Officer.

d. Once the CTP is approved, N832 will take action to schedule as much of the plan that financial constraints and workload will allow within command priorities.

e. Training requests will be submitted in one of the following formats:

(1) A Request, Authorization, Agreement, Certification of Training and Reimbursement, DD1556-1, indicating the justification for training. Enclosure (5) provides copies of blank and sample DD1556-1s, along with instructions for completion of the DD1556-1.

(2) A Tuition-Free Training Request/Record Form for no-cost courses [enclosure (6)].

f. Training request requirements.:

(1) Training must be certified as being job or mission related by the requesting supervisor in the appropriate section on the form.

(2) All training requests will be sent through the employee's chain of command for approval and submitted to N832. DD1556-1's will be forwarded to the Comptroller for approval. Training Requests will be forwarded to the Employee Development Division, HRO Pensacola. Requests that do not meet regulatory requirements will be returned to the supervisor with the reason for disapproval noted.

(3) N832 shall receive the training request 30 days before the start date of the class for processing and certification of regulatory compliance.

(4) For any training occurrence over \$2000 (individual cost or total 1556 cost), a Training Source Determination must be attached. The determination must have at least three sources

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addressing the following factors: Cost, timeliness, quality, source availability (i.e., sole source). Enclosure (7) provides a blank and a sample Training Source Determination. Enclosure (8) provides a sample Sole Source Justification. Any command training occurrence that exceeds \$25,000 must be advertised and competitively bid through the Naval Air Station Pensacola Contracting Department.

(5) NETPDTC personnel shall not commit themselves or the command for training through any source until final approval has been given. N832 and HRO Pensacola will process the request and make final commitment with the training source after command approval.

11. Payment of Requests for Training, DD1556-1.

a. References (f) and (g) directs the Government-wide Commercial Purchase Card (GCPC) be used as the method of payment for all commercial training requests using the DD1556-1 valued at or below \$25,000.

b. The Training GCPC for NETPDTC will be retained and authorized by the Command Training Coordinator, N832. Command personnel are not authorized to use their department GCPC for any training procurement (via a DD1556-1 or DD2276). Verification of invoices for payment will reside in N832.

It is the responsibility of department coordinators to notify N832 of any changes and/or cancellations to the DD1556-1. Funds will not be obligated until approval by the command training coordinator (N832) has been obtained.

12. Failure to Complete Training Courses. An individual who fails to complete a training course or does not receive a satisfactory grade because of misconduct or failure to attend may be required to reimburse the Government for the costs of the training. This policy is conveyed to the employee up front when the employee signs and submits Enclosure (4), the Statement of Understanding, along with the Request for Training, DD1556-1. These costs may include travel and per diem expenses, as well as tuition, books, and other training-related costs. The Executive Officer will determine what costs, if any, and to what extent reimbursement is required.

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12. Reporting and Records

a. Training of one hour or longer will be reported to the NETPDTC Work Force Development and Management Office through the use of DD Form 1556, Tuition-Free form, or a class roster, [enclosure (9)], for posting to individual training records and meeting reporting requirements.

b. Employees will provide copies of certificates, grades, or other evidence of course completion for all off-site training and distance learning courses to the supervisor for forwarding to N832. N832 will forward these documents to HRO for inclusion in the employee service record.

13. Forms. The DD1556-1, Request, Authorization, Agreement, Certification of Training and Reimbursement, is the form authorized for use by NETPDTC employees for procuring training through government or non-government sources. The Tuition-Free Training Request/Record, NETPDTC 12410/24 is used for local no-cost training. All training related forms may be obtained through individual activity supply channels or on the command information web site - Civilian Recognition, Employee Services, and Training (CREST)- <http://www.cnet.navy.mil/crest> under "Training" and "Forms".



M. E. McADAMS

Distribution: (NETPDTCINST 5216.1B)
List I, IA, 6 II

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CIVILIAN LEADERSHIP DEVELOPMENT CONTINUUM
Competency Definition

COMPETENCY	DEFINITION
Change Management	Serves as a positive agent for changes in the organization's structural alignment, climate, or operational processes. Learns about and proactively advocates and influences the adoption of promising new ideas, methods, services, and products from knowledge of best practices in government and industry.
Coaching/Counseling	Develops skills in observation, listening, and one-on-one teaching; applies them to assist others to learn and continually improve their performance and provides effective feedback.
Conflict Management	Anticipates and seeks to resolve confrontations, disagreements, and complaints in a constructive manner.
Customer Orientation	Actively seeks customer input; ensures customer needs are met; continuously seeks to improve the quality of services, products, and processes.
Decisiveness	Takes action and risks when needed; makes difficult decisions when necessary.
Demonstrate Core Values	See Navy Core Values
Diversity of Awareness	Respects and values the differences and perceptions of different groups/individuals.
DON Mission, Organization Awareness	Possesses knowledge of the mission and organization of the DON including an understanding of how the organization fits into the entire DON.
External Awareness	Stays informed on laws, policies, politics, administration priorities, trends, special interests, and other issues; considers external impact of statements of actions; uses information in decision making.
Flexibility	Adapts to change in the work environment; effectively copes with stress.

CIVILIAN LEADERSHIP DEVELOPMENT CONTINUUM Competency Definition	
COMPETENCY	DEFINITION
Human Resources Management	Ensures effective recruitment, selection, training, performance appraisal, recognition, and corrective/disciplinary action; promotes affirmative employment, good labor relations, and employee well being.
Influencing/Negotiating	Networks with, and provides information to, key groups and individuals; appropriately uses negotiation, persuasion, and authority in dealing with others to achieve goals.
Innovative Thinking	Develops insights and solutions; fosters innovation among others.
Interpersonal Team Skills	Considers and responds approximately to the needs, feelings, capabilities, and interests of others; provides feedback; treats others equitably.
Joint Service Perspective	Demonstrates an understanding of the role of the Department of Defense (DOD) and the importance of the support roles and missions of all the military DOD agencies and how they contribute to the success of DOD overall.
Managing Diverse Workforce	Recognizes the value of cultural, ethnic, gender, and other individual differences; provides employment and development opportunities for a diverse workforce.
Mentoring	Develops the ability to counsel others to help them to achieve personal and professional growth.
Model/Reinforce Core Values	See Navy Core Values.
Navy Core Values	Exhibits through personal performance the principles of honor (ethical behavior), commitment (technical) excellence and quality of work), and courage (mental strength to do what is right).
Oral Communication	Listens to others; makes clear and effective oral presentations to individuals and groups. (Note: Use of a sign language interpreter may be appropriate for persons who are deaf or hard-of-hearing.)
Organizational Representation and Liaison	Establishes and maintains relationships with key individuals/ groups outside immediate work

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CIVILIAN LEADERSHIP DEVELOPMENT CONTINUUM
Competency Definition

COMPETENCY	DEFINITION
	unit and serves as spokesperson for the organization.
Presentation/Marketing Skills	Demonstrates the ability to clearly articulate, present, and promote ideas and issues before a wide range of audiences, including senior officials, in such a manner as to ensure program credibility.
Problem Solving	Recognizes and defines problems; analyzes relevant information; encourages alternative solutions and plans to solve problems.
Process Oversight Management	Develops/demonstrates the ability to examine systems and workflows within the organization to facilitate process improvement.
Program Development/Planning and Evaluating	Establishes policies, guidelines, plans, and priorities; identifies required resources; plans and coordinates with others; monitors progress and evaluates outcomes; improves organizational efficiency and effectiveness.
Quality Principle	Understands and applies quality principles such as teamwork, quantitative decision-making, and continuous process improvement to meet or exceed customer expectations.
Resource Management	Prepares and justifies budget; monitors expenses; manages procurement and contracting.
Risk Management	Identifies potential risks to product/program/processes early and implements effective abatement or control measures; defines evaluation criteria early and continuously collects, assesses, shares, and responds to data appropriately.
Self-Direction	Realistically assesses own strengths, weaknesses, and impact on others; seeks feedback from others; works persistently towards a goal; demonstrates self-confidence; invests in self-development; manages own time efficiently.
Situational Leadership	Demonstrates and encourages high standards of behavior; adapts leadership style to situations and people; empowers, motivates, and guides others.

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CIVILIAN LEADERSHIP DEVELOPMENT CONTINUUM Competency Definition	
COMPETENCY	DEFINITION
Strategic Vision	Creates a shared vision of the organization; promotes wide ownership; champions organizational change.
Team Building	Fosters cooperation, communication, and consensus among groups
Technical Competence	Demonstrates technical proficiency and an understanding of its impact in areas of responsibility.
Technology Management	Encourages staff to stay informed about new technology; applies new technologies to organizational needs; ensures staffs are trained and capable.
Written Communication	Communicates effectively in writing; reviews and critiques others' writing.

INDIVIDUAL DEVELOPMENT PLAN

NETPDTCINST. 12410.3

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EMPLOYEE'S NAME

SSN:

SERIES/GRADE:
RATE/RANK:

ORGANIZATIONAL CODE:
LOCATION:

PHONE:

SHORT TERM GOALS:

TRAINING:

COMPLETED
(X)

PRIORITY
(1,2,3)
Priority 1

DEVELOPMENTAL ASSIGNMENTS:

☐

Priority 1

☐

Priority 1

☐

Priority 1

LEADERSHIP/MANAGEMENT TRAINING DESIRED (Y)? ☐

REMARKS:

EMPLOYEE SIGNATURE:

DATE

IMMEDIATE SUPERVISOR

DATE

PRIVACY ACT STATEMENT

General - This information is provided pursuant to Public Law 93-570 (Privacy Act of 1974) Authority - Government Employees Training Act of 1955 (US Code, Title5, see 4181 to 411B) Purposes and User - The information on this is used in the Administration of the federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training and it serves as the principle repository of personal, fiscal and administrative information about trainees and the programs to which they participate. The form becomes a part of the permanent employment record of the participants in training programs and is included in the government personnel data file. Effects of non-disclosure: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

INDIVIDUAL LEADERSHIP DEVELOPMENT PLAN (ILDP)

Employee's Name: Jennifer Doe

Performance Period: 1-Jan-00to 1-Jun-00

COMPETENCY	DEVELOPMENTAL ACTIVITY	TARGET DATE	DATE COMPLETED	MENTOR'S INITIALS	SUPERVISOR'S INITIALS	COMMENTS
Problem Solving	"Thinking Outside the Lines" class Shadow a senior employee/supervisor -Keep a record of problems that arise to identify recurrent ones, and then flowchart these processes -Participate in Selection Boards as EEO Rep -Action Officer Course	Feb 00 Jan 00 On-going				
Oral Communications	Participate in Toastmasters Participate in Selection Boards as EEO Rep Action Officers Course	On-going On-going Mar 00				
Written Communication	EEO Briefing Course Action Officer Course Review reading file	May 00 Mar 00 Apr 00				

Date Plan Developed: 12-Dec-99

Employee's Signature	Date	Supervisor's Signature	Date
<i>Jennifer Doe</i>	12-12-99	<i>Bob Henry</i>	12-12-99
Mentor's Signature	Date	CLD Administrator's Signature	Date
<i>Jane Howe</i>	12-12-99	<i>Victoria Kuydt</i>	12-13-99

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INDIVIDUAL LEADERSHIP DEVELOPMENT PLAN (ILDP)

Employee's Name:

Performance Period: to

COMPETENCY	DEVELOPMENTAL ACTIVITY	TARGET DATE	DATE COMPLETED	MENTOR'S INITIALS	SUPERVISOR'S INITIALS	COMMENTS

Date Plan Developed:

Employee's Signature	Date	Supervisor's Signature	Date
Mentor's Signature	Date	CLD Administrator Signature	Date

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SELF-DEVELOPMENT TRAINING
STATEMENT OF UNDERSTANDING

TRAINEE'S NAME: Jane Doe

SOCIAL SECURITY NUMBER: 111-22-3333

ACTIVITY CODE: XXX

PHONE NUMBER: (xxx) xxx-xxxx

COURSE TITLE: Managing Change

TRAINING SOURCE: Pensacola Junior College

I understand that I must reimburse the government for books and tuition if I do not complete this course with a grade "C" or above.

I further understand that I must provide the NETPDTC Work Force Development and Management Office (N832) with a copy of my grade report within 30 days after completion of the course.



Signature (Employee)



Date

RETURN TO CODE N832, NETPDTC WORK FORCE DEVELOPMENT & MANAGEMENT
OFFICE, BUILDING 2435, NLT _____.

Enclosure (4)

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SELF-DEVELOPMENT TRAINING
STATEMENT OF UNDERSTANDING

TRAINEE'S NAME:

SOCIAL SECURITY NUMBER:

ACTIVITY CODE:

PHONE NUMBER:

COURSE TITLE:

TRAINING SOURCE:

I understand that I must reimburse the government for books and tuition if I do not complete this course with a grade "C" or above.

I further understand that I must provide the NETPDTC Work Force Development and Management Office (N832) with a copy of my grade report within 30 days after completion of the course.

Signature (Employee)

Date

RETURN TO CODE N832, NETPDTC WORK FORCE DEVELOPMENT & MANAGEMENT
OFFICE, BUILDING 2435, NLT _____.

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SELF-DEVELOPMENT TRAINING
STATEMENT OF UNDERSTANDING

TRAINEE'S NAME: Jane Doe

SOCIAL SECURITY NUMBER: 111-22-3333

ACTIVITY CODE: xxx

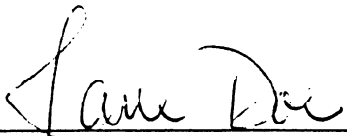
PHONE NUMBER: (xxx) xxx-xxxx

COURSE TITLE: Managing Change

TRAINING SOURCE: Pensacola Junior College

I understand that the government will reimburse me for books and tuition if I complete this course with a grade "C" or above.

I further understand that I must provide the NETPDTC Work Force Development and Management Office (N832) with a copy of my grade report within 30 days after completion of the course.



Signature (Employee)



Date

RETURN TO CODE N832, NETPDTC WORK FORCE DEVELOPMENT & MANAGEMENT
OFFICE, BUILDING 2435, NLT _____.

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**INSTRUCTIONS FOR COMPLETING DD FORM 1556
REQUEST FOR TRAINING**

BLOCK NUMBER**SECTION A - TRAINEE/APPLICANT INFORMATION**

B. Standard Document Number should be assigned by the Department/Special Assistant.

1. Include applicant's complete name. If used for a Blanket request, type "Blanket" and the number of employees in parentheses.

2. Not required

3. Applicant's social security number.

4. Not required

5. Not required

6. Home address is optional, but often used by private companies to send course materials and confirmations.

1a. Not required

7b. Include office commercial and DSN phone number of employee.

8. Enter applicant's position title. Enter functional title if it is related to the request for training (i.e., Instructor, EEO Committee member, etc.).

9. Indicate Position Level. Note: Executive must be a member of the Senior Executive Service (SES) or equivalent. The "other" box may be used in lieu of or in addition to the other four boxes. It is used more specifically to define the position level. If "other" is checked, you must include the letter code and the specific level name from below:

- A - Trainee/Intern/Apprentice
- B - Upward Mobility
- C - Full Performance/Journeyman
- E - Worker/Leader
- G - 1st Level Supervisor
- I - 2nd Level Supervisor

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10. Enter the applicant's pay plan, series, and grade for civilian personnel (i.e., GS-1710-09)

11. Activity Name/Code.

12. Activity mailing address.

13. Enter Activity UIC, "68322".

14. Enter appropriate code to indicate applicant's type of appointment.

- CC - Career Conditional
- C - Career
- T - Temporary
- E - Excepted Service
- 1 - Regular
- 2 - Reserve
- 3 - National Guard
- I - Intermittent

15. Not required

16. If the applicant's handicap will need to be considered, please indicate such (i.e., wheelchair accessibility, requirement for sign language interpreter, etc.). Highlight block 16 if assistance is needed.

SECTION B - TRAINING COURSE DATA

17. Enter exact course title from the announcement or brochure. **Attach brochures announcing the requested training if not HRO sponsored training.** Ensure that course titles and numbers are accurate and spell out all information. (One course per DD Form 1556.)

18. Enter training objectives as they relate to the knowledge, skills, and abilities needed to perform the official duties described in the employee's position/job description or objectives as they relate to the support of the organizational mission. This explanation should be the reason the employee needs the particular training course and benefits to be derived by the Government. The statement, "To help me better perform my job", will **not** be accepted.

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19a. Enter name of training source, school, or facility. (Do not put HRO Pensacola or HRO Site office unless HRO is actually hosting the course).

19b. Enter complete mailing address of training source and telephone/fax number, if a course announcement is not attached to the DD Form 1556.

19c. Enter the actual location of the training site (i.e., city/state).

20. Part 1. The codes are important. Be sure to complete each one.

a. Purpose. Enter one of the numeric codes listed as the reason for requesting the training. When more than one purpose is applicable, use the code indicating the primary purpose. Only codes 1-9 are acceptable entries (NOTE: Code "4" will be used for refresher training.)

- 1 - Mission or program change
- 2 - New technology
- 3 - New work assignment
- 4 - Improve present performance or refresher training
- 5 - Meet future staffing needs
- 6 - Develop unavailable skills
- 7 - Trade or craft apprenticeship
- 8 - Orientation
- 9 - Adult basic education

b. Not required

c. Source. Enter the letter or number from the list of codes that identifies the source of the requested training:

- A - U.S. Army
- D - Other DoD
- F - U.S. Air Force
- M - U.S. Marine Corps
- N - U.S. Navy
- S - Defense Logistics Agency
- Z - Government- Interagency (includes OPM,GSA, etc.)
- 3 - Non-Government - designed for agency
- 4 - Non-Government - off-shelf/educational institutions/
non profit organizations
- 5 - State or local government

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- d. Not required
- e. Not required
- f. Not required
- g. Not required
- h. Not required
- i. Not required

3. Methods of Training. Use one of the codes that best describes the method of training.

- 1 - On-the-Job Training
- 2 - Rotation of Work Assignment
- 3 - Seminar (Training) (see NOTE below)
- 4 - Conference/Meeting/Symposium. Primary purpose for attendance is training or developmental in nature. (see NOTE below)
- 5 - Correspondence. Instruction offered by a correspondence school.
- 6 - Directed Study. Individual or group instruction based on and designed for the needs of the individual or group.
- 7 - Classroom (Resident). Classroom instruction located at the vendor's site or at a classroom outside the local area chosen by the vendor.
- 8 - Classroom (On-site). Classroom instruction located in Pensacola.
- 9 - Tests/Equivalency. Tests or examinations which, when completed satisfactorily, correspond to actual completion of some type or formal training.

NOTE: For "Method", avoid using "3" or "4" unless it really is a seminar or conference. Most of the courses in which we enroll employees are "Classroom (On-site) /8", or "Classroom resident) /7". A Correspondence Course is a "5".

- k. Not required
- l. Not required

21a. Enter number of duty hours of training to be received (i.e., 8 hours of training = 0008; 40 hours of training = 0040.)

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21b. Enter number of non-duty hours of training to be received.
(See 21a)

21c. Enter total of duty or non-duty hours of training to be received. (See 21a)

22a. Leave blank, unless the specific SAID # is known. (Use your listing to locate the SAID #.) HRO Pensacola will assign if unknown

22b. Not required

22c. Not required

23a. Enter scheduled date of the training.

23b. Enter completion date of the training.

SECTION C - COST INFORMATION

24. Not required

25a. Include all tuition costs (if any).

25b. Include all costs of books, materials, and/or other costs (if any).

25c. Sum of items 25a and b.

25d. Not required

26a. Not required

26b. Not required

26c. Not required

27. Type applicable line of accounting and the following statement: **"For payment upon completion of training, contact Carolyn Foster (850) 452-1088".**

28. Not required

29. Activity Fiscal Officer's Signature

30. Enter total of direct cost (e.g. sum of Blocks 25a, b, and c) (optional)

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31. Not required

SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR

- a. Type the supervisor's name who will verify that the training is job/mission related.
- b. Enter supervisor's phone number.
- c. Ensure supervisor signs name and title.
- d. Enter date of signature

33. TRAINING OFFICER

- a. Type **"Victoria W. Knight"** as the NETPDTC Training Officer.
- b. Type N832 phone number, **"(850) 452-1088"**.
- c. Leave blank space for signature and date; type **"Work Force Development, N832"** for title.

34. AUTHORIZING OFFICIAL

- a. Check one (approved or disapproved).
- b. Type the authorizing official's name (Department Director or Special Assistant).
- c. Type phone number of authorizing official..
- d. Signature of authorizing official
- e. Enter date of signature

35. Normally completed by HRO. **If a request for a quota is made by the employee, check "a" if approved and indicate method by which quota was obtained** (i.e., "Per G. Smith" (company name) of 06 Jun 99). **Please highlight when training quotas have been obtained.** This will eliminate duplicate booking and billing.

36. To be completed by the NEPTDTC Command Training Coordinator, N832.

31. Type the following on all NETPDTC DD1556's:

**COMMANDING OFFICER
Code N832
6490 Saufley Field Road
Pensacola, FL 32509**

Invoice # _____

The invoice number will be filled in by N832 personnel.

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38. To be certified by NETPDTC Command Training Coordinator,
N832.

If the training is from a non-government vendor and will exceed
80 hours, application must complete Block 38F (reverse of
DD1556).

If an employee receives a billing invoice from a vendor, please
forward the invoice to N832 as soon as possible for processing.

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REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)		B. Standard document number (Org identified/FY, Doc/type code/Serial number) N68322-XX-TG-XXXXX		C. Request Status of Process Code (x one)		D. Amendment No.	
				<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (3) Correction <input type="checkbox"/> (4) Cancellation			

Section A - TRAINEE/APPLICANT INFORMATION							
1. Name (Last, First, Middle Initial) DOE, JOHN		2. 1 st 5 letters of last name		3. Social Security Number 111-22-3333		4. Ed. level 00 N/A	
						5. Continuous Federal Service a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional) (OPTIONAL)		7. Phone Numbers (include area code)		8. Position Title MANAGEMENT ANALYST			
		a. Home					
		b. Office					
11. Organization Name NETPDT Code XX		(1) Commercial 850-452-XXXX		<input type="checkbox"/> a. Executive		10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator) GS-0343-11	
		(2) Autocon 922-XXXX		<input type="checkbox"/> b. Manager			
12. Organization Mailing Address (Include ZIP) 6490 Saufley Field Road Pensacola, FL 32509		13. Organization UIC 68322		<input type="checkbox"/> c. Supervisory		14. Type of Appointment C CAREER	
		16. Are you handicapped or disabled? (X one)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. No. prior non-government training days	
				<input type="checkbox"/> d. Non Supervisory			
				<input type="checkbox"/> e. Other (Specify)			

Section B - TRAINING COURSE DATA							
17. Course Title EFFECTIVE PRESENTATION SKILLS							
18. Training Objectives (Benefits to be derived by the Government) This training will help me to develop public speaking skills necessary to present work related information effectively and professionally, which is one of the CLD competencies.				19. Recommended Training Source, School or Facility			
				a. Name: Training Associates, Inc.			
				b. Mailing Address (include ZIP) P.O. Box XXXXX 1234 Main Street Anytown, USA XXXXX Phone (XXX)-XXX-XXXX; Fax (XXX)-XXX-XXXX			
				c. Location of training site (if other than 19b)			
20. Course Codes:							
a. Purpose	1 M	f. Security Clearance		k. Training Program			
b. Type		g. Allocation Status		l. Reason for Selection			
c. Source	A U	h. Priority		23. Training Period (YYYYMMDD)			
d. Special Interest		i. Training Level		a. Start	1999-01-01		
e. Training Vendor		j. Method of Training	1 O	b. Complete	1999-01-01		
				21. Course hours (4 digits)	8.00		
				a. Duty		a. SAID	53500
				b. Non-duty		b. Catalog/Course No.	
				c. TOTAL	8.00	c. Offering/TLN	

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)							
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box							
25. Direct Costs		26. Indirect Costs (For Information Only)		27. Accounting Classification AA 17x1804.62x7 000 68322 068566 2D Gxxxxx 68322xxxxxx			
a. Tuition Cost	\$225.00	a. Travel Cost		For payment upon completion of training, contact Carolyn Foster (850) 452-1088			
b. Books, material, other costs	\$30.00	b. Per diem/other costs					
c. Total direct costs	\$255.00	c. Total indirect costs					
d. Funding source		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)		30. Total of Direct & Indirect Costs: \$255.00	
31. Job Order No.							

Section D - APPROVAL/CONCURRENCE/CERTIFICATION							
32. Supervisor: I certify training is job relate and nominee meets prerequisites. (If not, attach waiver)				32. Training Officer: I certify this training meets regulatory requirements.			
a. Typed Name (Last, First, Middle Initial) JONES, C. E.		b. Phone number (include area code) (850) 452-XXXX		a. Typed Name (Last, First, Middle Initial) KNIGHT, VICTORIA W.		b. Phone number (include area code) (850) 452-1088	
c. Signature & Title		d. Date		c. Signature, Date, and Title Work Force Development, N832			
34. Authorizing Official				35. Course Acceptance (To be completed by school official)			
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved				a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/>		c. School Official Signature	
b. Typed Name (Last, First Middle Initial) SMITH, R.D.		Phone number (include area code) (850) 452-XXXX				d. Date	
d. Signature and Title		e. Date		36. Course Completion (To be completed by school official)			
				a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/>			
				b. Actual Completion Date (YYYYMMDD)			
				c. Grade			
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: (% days.)				c. Signature and Title			
Commanding Officer Code N832 6490 Saufley Field Road Pensacola, FL 32509				e. Date			
Invoice #:				38. Certifying Government Official			
				a. I certify that this account is correct and proper for payment in the amount of: \$			
				b. Signature		Date Signed	
				d. DSSN Number		e. Check Number	
						f. Voucher Number	

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identified/FY, Doc/type code/Serial number)	C. Request Status of Process Code (x one)		D. Amendment No.
		<input type="checkbox"/> (1) Initial	<input type="checkbox"/> (2) Resubmission	
		<input type="checkbox"/> (3) Correction	<input type="checkbox"/> (4) Cancellation	

Section A - TRAINEE/APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1 st 5 letters of last name	3. Social Security Number	4. Ed. level 00 N/A	5. Continuous Federal Service a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (include area code)		8. Position Title		
	a. Home b. Office				
11. Organization Name NETPDT Code	(1) Commercial	<input type="checkbox"/>	9. Position Level (X one)		10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator)
	(2) Autovon	<input type="checkbox"/>	a. Executive		
12. Organization Mailing Address (include ZIP) 6490 Sauflay Field Road Pensacola, FL 32509	13. Organization UIC 68322		<input type="checkbox"/>	14. Type of Appointment	
	16. Are you handicapped or disabled? (X one)		<input type="checkbox"/>	15. No. prior non-government training days	
	Yes No		<input type="checkbox"/>	d. Non Supervisory	
		<input type="checkbox"/>	e. Other (Specify)		

Section B - TRAINING COURSE DATA

17. Course Title		19. Recommended Training Source, School or Facility	
18. Training Objectives (Benefits to be derived by the Government)		a. Name:	
		b. Mailing Address (include ZIP)	
20. Course Codes:		c. Location of training site (If other than 19b)	
a. Purpose	f. Security Clearance	k. Training Program	
b. Type	g. Allocation Status	l. Reason for Selection	
c. Source	h. Priority	23. Training Period (YYYYMMDD)	
d. Special Interest	i. Training Level	a. Start	
e. Training Vendor	j. Method of Training	b. Complete	
		21. Course hours (4 digits)	22. Course Identifiers
		a. Duty	a. SAID
		b. Non-duty	b. Catalog/Course No.
		c. TOTAL	c. Offering/TLN

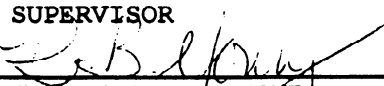


Section C-COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box			
25. Direct Costs		26. Indirect Costs (For information Only)	
a. Tuition Cost		a. Travel Cost	
b. Books, material, other costs		b. Per diem/other costs	
c. Total direct costs		c. Total indirect costs	
d. Funding source		28. Labor Costs	
31. Job Order No.		27. Accounting Classification	
		For payment upon completion of training, contact Carolyn Foster, (850) 452-1088	
		29. Signature of Fiscal Officer (Follow local procedure)	
		30. Total of Direct & Indirect Costs:	

Section D - APPROVAL/CONCURRENCE/CERTIFICATION

32. Supervisor: I certify training is job relate and nominee meets prerequisites. (If not, attach waiver)		32. Training Officer: I certify this training meets regulatory requirements.	
a. Typed Name (Last, First, Middle Initial)	b. Phone number (include area code)	a. Typed Name (Last, First, Middle Initial)	b. Phone number (include area code)
c. Signature & Title	d. Date	c. Signature, Date, and Title	
		Work Force Development, N832	
34. Authorizing Official		35. Course Acceptance (To be completed by school official)	
a. Action (X one) → <input type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved		<input type="checkbox"/> a. Accepted	c. School Official Signature
b. Typed Name (Last, First Middle Initial)	Phone number (Include area code)	<input type="checkbox"/> b. Not Accepted	d. Date
d. Signature and Title	e. Date	38. Course Completion (To be completed by school official)	
		a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. → <input type="checkbox"/>	b. Actual Completion Date (YYYYMMDD)
		c. Signature and Title	e. Date
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:		38. Certifying Government Official	
Commanding Officer Code N832 6490 Sauflay Field Road Pensacola, FL 32509		a. I certify that this account is correct and proper for payment in the amount of: \$	
Invoice #: _____		b. Signature	Date Signed
		d. DSSN Number	e. Check Number
		f. Voucher Number	

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

TUITION-FREE TRAINING REQUEST/RECORD		STANDARD DOC #:	
FROM: <u>NXXX</u> TO: NETPDTC Training Coordinator, N832			
I. EMPLOYEE INFORMATION			
NAME (Last, First, Middle Initial) Doe, John L.		SSN 111-11-1111	OFFICE PHONE 850-452-XXXX
ACTIVITY NETPDTC		UIC 68322	DEPARTMENT/CODE NXX
POSITION TITLE Management Analyst	SERIES/GRADE GS-0343-12	POSITION LEVEL SUPERVISORY <input type="checkbox"/> NON-SUPERVISORY <input checked="" type="checkbox"/> MANAGERIAL <input type="checkbox"/>	
Does the trainee require special accommodations (facilities/equipment) to be able to attend this course? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, please specify requirement:			
II. COURSE INFORMATION			
FY 00	COURSE TITLE Executive Writing	COURSE DATES START: 010100 COMPLETE: 010100	HOURS DUTY: 8 NON-DUTY:
TRAINING SOURCE HRO Pensacola	ADDRESS NAS Pensacola	CITY/STATE/ZIP Pensacola, FL 32509	PHONE 850-452-2660
SAID NUMBER: THIS REQUEST FOR TRAINING IS <input checked="" type="checkbox"/> On the Annual Training Plan (ATP) <input type="checkbox"/> An addition to the ATP <input type="checkbox"/> A substitute for _____ previously requested on the ATP for (Course) _____			
III. TRAINING OBJECTIVES			
TO BE COMPLETED BY THE SUPERVISOR			
A. Indicate training objectives as they relate to the knowledge, skills, and abilities to perform official duties described in the employee's position/job description: This employee is required to prepare informational briefs and instructions governing the XYZ Program.			
B. Is this request part of a formalized training program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what program			
IV. APPROVAL SIGNATURES		FOR OFFICIAL USE ONLY	
SUPERVISOR 		DATE 12-20-99	
SUPERVISOR'S PHONE 850-452-8201		REC ID _____	
AUTHORIZING OFFICIAL 		PURPOSE _____	
DATE 12-20-99		PRIORITY _____	
I CERTIFY THAT THIS TRAINING MEETS REGULATORY REQUIREMENTS		LEVEL _____	
NETPDTC TRAINING COORDINATOR 		METHOD _____	
DATE 12-20-99		SOURCE _____	
		SPECIN _____	
		PROGRAM _____	
		REASON _____	
		COMPLETION:	
		DATE: _____	
		GRADE: _____	
		CERTIFIED BY: _____	

TUITION-FREE TRAINING REQUEST/RECORD		STANDARD DOC #:	
FROM:			
TO: NETPDTC Training Coordinator, N832			
I. EMPLOYEE INFORMATION			
NAME (Last, First, Middle Initial)		SSN	OFFICE PHONE
ACTIVITY		UIC	DEPARTMENT/CODE
POSITION TITLE	SERIES/GRADE	POSITION LEVEL SUPERVISORY <input type="checkbox"/> NON-SUPERVISORY <input type="checkbox"/> MANAGERIAL <input type="checkbox"/>	
Does the trainee require special accommodations (facilities/equipment) to be able to attend this course? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify requirement:			
II. COURSE INFORMATION			
FY	COURSE TITLE	COURSE DATES START: COMPLETE:	HOURS DUTY: NON-DUTY:
TRAINING SOURCE	ADDRESS	CITY/STATE/ZIP	PHONE
SAID NUMBER: THIS REQUEST FOR TRAINING IS <input type="checkbox"/> On the Annual Training Plan (ATP) <input type="checkbox"/> An addition to the ATP <input type="checkbox"/> A substitute for _____ previously requested on the ATP for (Course) _____			
III. TRAINING OBJECTIVES			
TO BE COMPLETED BY THE SUPERVISOR			
A. Indicate training objectives as they relate to the knowledge, skills, and abilities to perform official duties described in the employee's position/job description:			
B. Is this request part of a formalized training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what program			
IV. APPROVAL SIGNATURES		FOR OFFICIAL USE ONLY	
SUPERVISOR	DATE	REC ID _____	PURPOSE _____ SOURCE _____
SUPERVISOR'S PHONE			PRIORITY _____ SPECIN _____
			LEVEL _____ PROGRAM _____
AUTHORIZING OFFICIAL	DATE		METHOD _____ REASON _____
I CERTIFY THAT THIS TRAINING MEETS REGULATORY REQUIREMENTS		COMPLETION:	
NETPDTC TRAINING COORDINATOR		DATE: _____	
		GRADE: _____	
		CERTIFIED BY: _____	

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INSTRUCTIONS

Please provide all requested information in typed format so we may process your training request quickly and accurately. If additional space is needed, typed the required information on plain bond paper and attach to form.

EMPLOYEE INFORMATION

Complete information in this section will allow accurate processing of the training request. If the employee requires special accommodations to attend the training, please describe (i.e., unable to climb stairs, needs sign language interpreter, etc.). If more than one employee is to be nominated for this training, list the **EMPLOYEE INFORMATION** for each nominee on a sheet of plain bond paper and attach to form.

TRAINING OBJECTIVES

- A. State the purpose of the requested training and how it relates to the employee's current position.
- B. The supervisor should indicate the priority after carefully reading the category descriptions.
- C. If the training requested is part of a formalized training program, specify program:

UPWARD MOBILITY	INTERN
UPGRADE TRAINING	SUPERVISORY DEVELOPMENT
CAREER LADDER	EXECUTIVE DEVELOPMENT
WORKER TRAINEE	VETERAN'S READJUSTMENT ACT (VRA)
APPENTICE	OTHER

COURSE INFORMATION

FY: Enter the last two digits of the fiscal year when the course starts.

COURSE TITLE: Enter the exact title of the course as listed in course brochure, announcement or catalog.

COURSE DATES: Indicate the start and completion dates for the course.

HOURS: Enter the number of duty and/or non-duty hours required for the training. If the vendor is not a local activity, enter the address and phone number of the vendor.

SAID #: Enter the SAID number, if known, from the HRO/HRSC course announcement or catalog.

ATP: Indicate the requested training is on the Annual Training Plan for your activity. If not, indicate if the request is an addition or substitution (for another course and/or for another employee).

APPROVAL SIGNATURES

Obtain the required signatures by forwarding this request through your internal chain of command before submitting to N832.

PRIVACY ACT STATEMENT (Employee must sign)

I have read and understand the Privacy Act Statement shown below.

Employee Signature_____
Date

PRIVACY ACT STATEMENT

General- This information is provided pursuant to Public Law 93-579(Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority- The Government Employees Training Act of 1958(U.S. Code, Title 5, section 4101 to 4118).

Purposes and Uses- The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to documents the nomination of trainees and completion of training; and it serves as the principal, repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

An effect of Nondisclosure- Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)- Disclosure by you of your Social Security Number(SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File(CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training in training administration process carried out in accordance with established regulations. The SSN also will be used for selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

TRAINING SOURCE DETERMINATION

Course: Contemporary Navy Writing ²⁶ JAN 2000

INSTRUCTIONS:

1. List all vendors and locations in Column A.
2. Assign numerical rating for each factor in Columns B, C, D, & E.

Use the following scale: Rating 4 – Excellent
Rating 3 – Good
Rating 2 – Fair
Rating 1 – Poor

3. Enter the total price of training in Column F.

4. Assign numerical rating in Column G as indicated for prices of training in Column F:

Rating 4 – Excellent - All vendors with the lowest price.
Rating 3 – Good - All vendors with the 2nd lowest price.
Rating 2 – Fair - All vendors with the 3rd lowest price
Rating 1 – Poor - All vendors with the 4th lowest price

5. Provide total numerical rating in Column H by adding rating of Columns B, C, D, E, & G for each of the vendors.

6. Identify the vendor(s) with the highest total numerical rating.

7. Provide comments in Column I concerning the final recommendations of vendor, especially when two or more facilities have equal total rating, or the recommended vendor has a low numerical rating for price of training.

List of vendors & locations (Minimum of 3) (Can be typed or printed)	Ability to meet identified training needs	Quality of training including methods	Cost effectiveness of training location	Timeliness of training	Total price of training	Rating for price of training	Total rating for all factors	Comments
A	B	C	D	E	F	G	H	I
Management Skills Associates Solvang, CA	4	4	4	4	\$150 ea	4	40	On-site at activity's request
Management Concepts, Inc. Vienna, VA	4	4	2	3	\$340 ea	3	16	Classes held in Virginia
American Management Associates New York, NY	4	4	1	3	\$1,030 ea	2	14	Classes held in NYC or D.C.

Based on the above analysis, the vendor listed below is recommended for selection. AND vendor/course information is attached. (NOTE: If only one source is considered, attach a memo of explanation and justification.)

Recommended Vendor Name/Address: Management Skills Associates, 222 Field Street, Solvang, CA 44444 02-04 Aug 99

The above analysis was completed by:

NAME (Print or type)	TITLE	SIGNATURE	DATE
J.B. Dec	Training Coordinator		01/01/99

Enclosure (7)

Course: -----

Enclosure (7)

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SOLE SOURCE JUSTIFICATION SAMPLE (ACTIVITY)

Code XXXX

JUSTIFICATION FOR PROPOSED TRAINING

Course Title: TCP/IP PROTOCOL AND UNIX OPERATING SYSTEM

Justification: NCTS Pensacola purchased the software PYDB and AQUEDUC, two products of Digital Creations, Inc., which are a powerful set of tools for publishing dynamic database content to Internet and Internet web browsers. PYDB/AQUEDUC supports database connectivity via native database interfaces. These products have been installed at several of our military customer locations.

The president of Digital Creations has an extensive military background and experience in communication center operations management, security, encryption, and authentication technologies. Other vendors were contacted, but this company's unique capability to integrate their background with TCP/IP, UNIX, and Domain Name Service contributed to our need to contract with them on a sole source basis.

X. Y. ZEE
Director, Network Operations Department
NCTS Pensacola

CLASS ROSTER INPUT

ON-CENTER COURSES PART 1

SUBMITTING COMMAND: NETPDTC PENSACOLA, FL

[illegible]

POC:

NETPDTC N832, (850) 452-1088

PRIVACY ACT STATEMENT

The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). The information on this form is issued in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employee record of participants in training programs and is included in the Government's Central Personnel Data File. Personal information provided on this form is given on a voluntary basis. Failure to provide this information however, may result in ineligibility for participation in training programs.

Enclosure (9)